



COLUMBIA COUNTY PARKS & RECREATION DEPARTMENT

P.O. Box 498, Evans, GA 30809

LACROSSE REGISTRATION FORM

(Please Print or Type)

Participant's Name _____ Birth Date _____ Male or Female
Last First MI Month/Day/Year (Circle one)

Address _____ City _____ Zip Code _____

Home Phone _____ School _____ Grade _____

Primary Guardian _____ Work Phone _____ Cell Phone _____

Secondary Guardian _____ Work Phone _____ Cell Phone _____

Email Address: _____ Cell Phone **Provider** (for texts): _____

Will your child need Lacrosse equipment? Yes No

Does your child have experience playing Lacrosse? Yes No

**All first time participants must bring birth certificate for age verification.
Registration will not be complete until a birth certificate is provided.**

Fees: \$90 - 1st child, \$80 - 2nd child, \$70 – each additional child

Out-of-County participants add \$65 - 1st child, \$55 - 2nd child, \$45 each additional child

Please make checks payable to: CCPRD (Columbia County Parks & Recreation Department)

PLEASE CHECK APPROPRIATE LEAGUE

____ Girls (ages 10 – 18 years)

____ Boys (ages 7 – 16 years)

Age Control Date: August 1 Current Year

As a parent (guardian) of the above named participant for a position on a Parks & Recreation Department sports team, I hereby give my approval for his/her participation in any and all activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities, and I do hereby release and hold harmless Columbia County, the Parks & Recreation Department, its employees, sponsors, participants and persons transporting my child to events or activities from all suits, claims, injuries, damages and demands for any and all forms of damages or injury to persons or property including all consequential and derivative damages resulting from or in any way associated with my attendance at events held at any County Parks & Recreation facility. **Requests for refunds must be made prior to the league's first scheduled game in writing. A 100% refund will be given within two weeks of final registration date. A 50% refund will be issued after the two weeks and prior to the first game. No refunds will be issued after the first scheduled game.**

I have read / received a copy of the required information reference concussions. _____ (initial here)

Signature: _____ Date: _____

*****OFFICE USE ONLY*****

FEES: RESIDENT \$ _____ OUT-OF-COUNTY \$ _____ LATE \$ _____ TOTAL RECEIVED \$ _____ STAFF _____

CASH/ CHECK/MONEY ORDER # _____ CREDIT AUTH # _____ RECEIPT # _____